

AGENDA ITEM #9
January 22, 2013

Public Hearing

MEMORANDUM

January 18, 2013

TO: County Council

FROM: Amanda Mihill, Legislative Attorney *A. Mihill*

SUBJECT: **Public Hearing:** Bill 33-12, Health and Sanitation – Smoking – County Property

Bill 33-12, Health and Sanitation – Smoking – County Property, sponsored by Councilmembers Floreen, Navarro, Rice, Riemer, Leventhal, Elrich, and Andrews, was introduced on November 27, 2012. A Health and Human Services Committee worksession is tentatively scheduled for January 31, 2013 at 10:00 a.m.

Bill 33-12 would prohibit smoking on property owned or leased by the County. The ban would exclude County rights-of-way. Materials from the chief sponsor, Councilmember Floreen begin on ©4.

This packet contains:

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Bill No. 33-12
Concerning: Health and Sanitation –
Smoking – County Property
Revised: 10/17/2012 Draft No. 1
Introduced: November 27, 2012
Expires: May 27, 2014
Enacted: _____
Executive: _____
Effective: _____
Sunset Date: _____
Ch. _____, Laws of Mont. Co. _____

COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

By: Councilmembers Floreen, Navarro, Rice, Riemer, Leventhal, Elrich, and Andrews

AN ACT to:

- (1) prohibit smoking on property owned or leased by the County; and
- (2) generally amend County law on smoking.

By amending

Montgomery County Code
Chapter 24, Health and Sanitation
Section 24-9

Boldface	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

The County Council for Montgomery County, Maryland approves the following Act:

Sec. 1. Section 24-9 is amended as follows

24-9. Smoking in public places.

* * *

(b) Smoking prohibited in certain public places. A person must not smoke in or on any:

* * *

(9) Restroom, except a restroom in a private residence; [or]

(10) Enclosed auditorium, concert or lecture hall[.]; or

(11) property that is owned or leased by the County, except a County right-of-way.

* * *

Approved:

Roger Berliner, President, County Council

Date

Approved:

Isiah Leggett, County Executive

Date

This is a correct copy of Council action.

Linda M. Lauer, Clerk of the Council

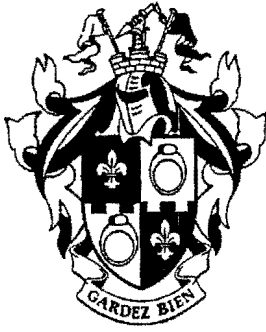
Date

LEGISLATIVE REQUEST REPORT

Bill 33-12

Health and Sanitation – Smoking – County Property

DESCRIPTION:	Bill 33-12 would prohibit smoking on property owned or leased by the County, excluding County rights-of-way.
PROBLEM:	Smoking is known to cause cancer and other illnesses. The Centers for Disease Control state that there is no risk-free level of exposure to secondhand smoke.
GOALS AND OBJECTIVES:	To reduce employees' and visitors' exposure to secondhand smoke.
COORDINATION:	Health and Human Services
FISCAL IMPACT:	To be requested.
ECONOMIC IMPACT:	To be requested.
EVALUATION:	To be requested.
EXPERIENCE ELSEWHERE:	To be researched.
SOURCE OF INFORMATION:	Amanda Mihill, 240-777-7815
APPLICATION WITHIN MUNICIPALITIES:	To be researched.
PENALTIES:	Class C



Montgomery County Council

From the Office of Councilmember Nancy Floreen

November 13, 2012

CONTACT: Jed Millard 240-777-7959

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Councilmember Floreen Will Introduce Bill to Ban Smoking on Montgomery Property

*On Thursday, Nov. 15, in Rockville, She Will Host Event
With American Cancer Society to Mark 37th Great American
Smokeout and Offer Details on the Legislation*

ROCKVILLE, Md., November 13, 2012—Montgomery County Councilmember Nancy Floreen at 11:30 a.m. on Thursday, Nov. 15, will hold a news conference in Rockville to give details on a bill she will introduce that would ban smoking on property owned or leased by Montgomery County. The ban would include all County properties except public rights of way.

The bill, which is scheduled for introduction on Nov 27, is co-sponsored by Council Vice President Nancy Navarro and Councilmembers Craig Rice, Hans Riemer, George Leventhal and Marc Elrich. A public hearing on the bill is tentatively scheduled for Jan. 15.

The news event will be held in the Third Floor Hearing Room of the Council Office Building, which is located at 100 Maryland Ave. in Rockville. Representatives of the American Cancer Society will be present as the event coincides with the organization's 37th Great American Smokeout. The Smokeout is an annual event that urges smokers to give up their smoking habits.

"I have unfortunately spent a lot of time over the past year with people who have cancer," said Councilmember Floreen, a survivor of breast cancer. "I want to do everything I can to help prevent this awful disease in all of its forms, and this is a good place to start."

In Montgomery County, one in 12 adults smoke cigarettes. Nationally, tobacco use is responsible for one in five deaths, and an annual toll of 443,000 deaths. Smoking accounts for at least 30 percent of all cancer deaths and is associated with increased risk for 15 types of cancer. Tobacco use remains the single, largest preventable cause of disease and premature death in the U.S.

"The Great American Smokeout is about helping people quit, and we know that passing this bill is critical to helping people in Montgomery County do just that," said Bonita Pennino, Government Relations Director for the American Cancer Society's Cancer Action Network. "In addition we know that strong smoke-free laws mean fewer smokers and reduced health care costs."

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Montgomery County

Tobacco Use by Adults: 2000—2010

Maryland Department of Health and Mental Hygiene
Tobacco Use Prevention and Cessation Program

CURRENT USE OF TOBACCO PRODUCTS¹

Current Adult (Age 18 and Older) Use of Tobacco Products
Proportion (%), Confidence Interval (CI), and Estimated Number of Adults

TOBACCO PRODUCTS Prevalence (%), CI, and Number Adults	2000 Baseline Data	2002	2006	2008	2010
Any Tobacco Product (All Adult Populations)	DATA NOT AVAILABLE FOR 2000	DATA NOT AVAILABLE FOR 2002	DATA NOT AVAILABLE FOR 2006	DATA NOT AVAILABLE FOR 2008	DATA NOT AVAILABLE FOR 2010
Any Tobacco Product (Adult Minority Populations)	DATA NOT AVAILABLE FOR 2000	DATA NOT AVAILABLE FOR 2002	DATA NOT AVAILABLE FOR 2006	DATA NOT AVAILABLE FOR 2008	DATA NOT AVAILABLE FOR 2010
Cigarette	13.2% $\pm 3.1\%$ 82,261	15.8% $\pm 4.1\%$ 110,320	9.3% $\pm 2.4\%$ 70,439	8.0% $\pm 2.8\%$ 55,297	8.0% $\pm 2.6\%$ 55,245
Cigar	DATA NOT AVAILABLE FOR 2000	DATA NOT AVAILABLE FOR 2002	DATA NOT AVAILABLE FOR 2006	DATA NOT AVAILABLE FOR 2008	DATA NOT AVAILABLE FOR 2010
Smokeless Tobacco	1.1% $\pm 0.9\%$ 6,928	DATA NOT AVAILABLE FOR 2002	DATA NOT AVAILABLE FOR 2006	DATA NOT AVAILABLE FOR 2008	1.1% $\pm 0.7\%$ 7,281

INITIATION OF TOBACCO USE IN PAST YEAR²

Current Adult (Age 18 and Older) Use of Tobacco Products
Proportion (%), Confidence Interval (CI), and Estimated Number of Adults

INITIATION Prevalence (%), CI, and Number Adults	2000 Baseline Data	2002	2006	2008	2010
Adult Population	NOT AVAILABLE— TOO FEW INITIATING RESPONDENTS	NOT AVAILABLE— TOO FEW INITIATING RESPONDENTS	NOT AVAILABLE— TOO FEW INITIATING RESPONDENTS	NOT AVAILABLE— TOO FEW INITIATING RESPONDENTS	DATA NOT AVAILABLE FOR 2010

CESSATION OF TOBACCO USE IN PAST YEAR³

Current Adult (Age 18 and Older) Use of Tobacco Products
Proportion (%), Confidence Interval (CI), and Estimated Number of Adults

CESSATION Prevalence (%), CI, and Number Adults	2000 Baseline Data	2002	2006	2008	2010
Adult Population	25.2% $\pm 13.0\%$ 8,174	31.5% $\pm 17.3\%$ 11,947	35.2% $\pm 16.5\%$ 10,928	34.3% $\pm 13.6\%$ 12,073	DATA NOT AVAILABLE FOR 2010

1 Source: Behavioral Risk Factor Surveillance Survey, 2000, 2002, 2006, 2008, and 2010. The Behavioral Risk Factor Surveillance Survey collects data on use of cigarettes and smokeless tobacco only. It does not collect data on use of cigars or any other tobacco product. Thus, estimates of these behaviors are unavailable for 2000, 2002, 2006, 2008, and 2010. Estimates for use of smokeless tobacco are available for 2000 and 2010 only.

2 Source: Maryland Adult Tobacco Survey, 2000, 2002, 2006, and 2008.

3 Source: Maryland Adult Tobacco Survey, 2000, 2002, 2006, and 2008.

- Estimates of prevalence are stated as a percentage (%) of the total relevant population.
- Confidence Intervals (\pm) appear immediately following prevalence estimates.
- Statistically significant change between survey years is underlined, between 2000 and 2010 preceded by an asterisk '*'.

CURRENT CIGARETTE SMOKING — Pregnant Women⁴

Proportion (%) of Selected Populations and Number for Pregnant Women from 100% of Birth Certificates

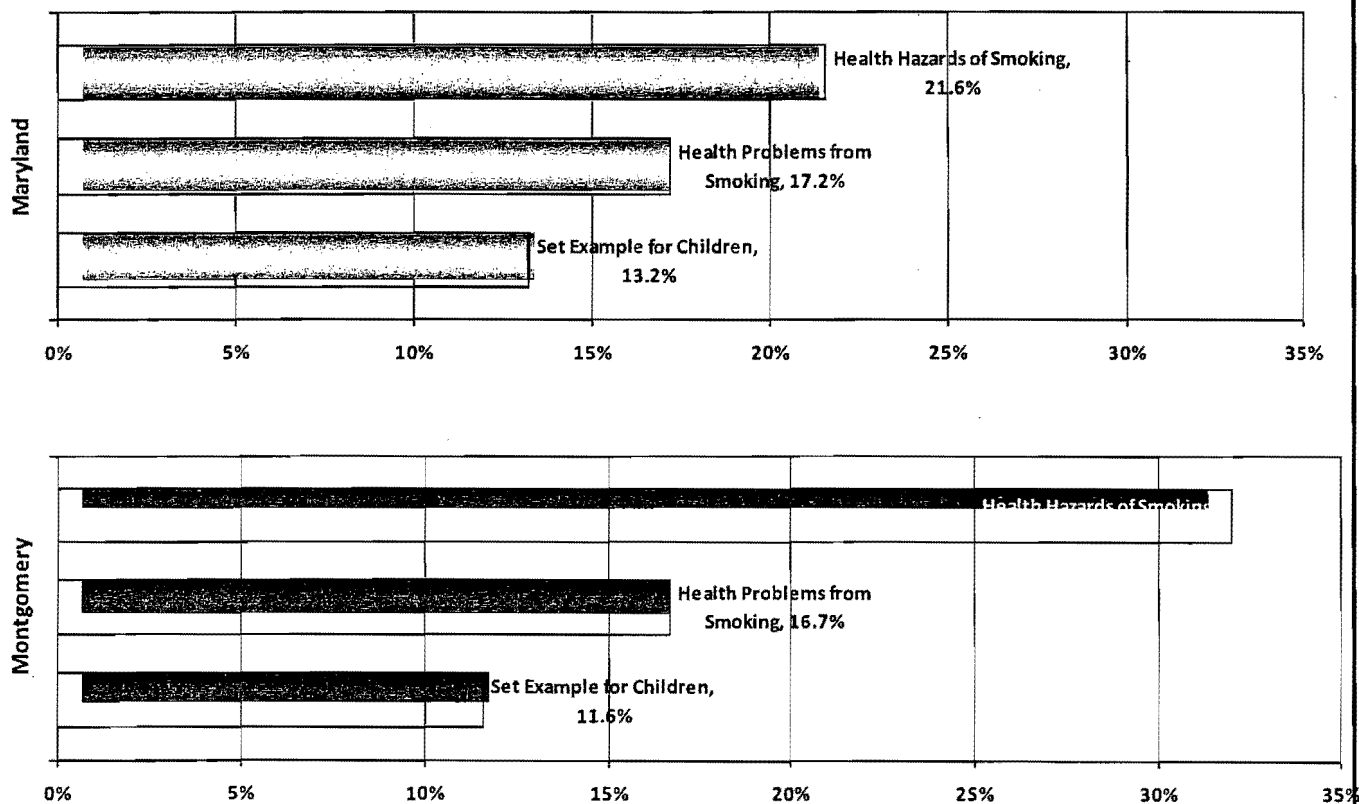
POPULATIONS Prevalence (%) and Number Adults	2000 Baseline Data	2001	2002	2003	2004	2005	2006	2007	2008	2009
Maryland Statewide	9.2% 8,842	8.7% 8,361	8.0% 7,879	7.7% 7,759	7.4% 7,508	6.9% 7,001	6.8% 7,267	6.6% 7,152	6.6% 7,113	6.1% 6,593
Montgomery County	2.5% 327	2.0% 269	1.3% 168	1.3% 171	1.0% 142	0.9% 120	0.7% 95	0.5% 68	0.6% 80	0.6% 76

ADULT HOUSEHOLDS WITH MINOR CHILDREN⁵

Current Adult (Age 18 and Older), Proportion (%), Confidence Interval (CI), and Estimated Number of Adults

POPULATIONS Prevalence (%) and Number Adults	2000 Baseline Data	2002	2006	2008	2010
Proportion with Adult Smokers	19.9% \pm 4.4% 51,360	19.4% \pm 4.7% 52,278	20.8% \pm 4.5% 59,233	14.0% \pm 3.4% 43,342	DATA NOT AVAILABLE FOR 2010

MOST IMPORTANT REASON FOR WANTING TO QUIT SMOKING CIGARETTES, 2008⁶ (Top 3 Reported as 'Most Important Reason' by Former Smokers and Smokers Trying to Quit)



4 Source: Vital Statistics

5 Source: Maryland Adult Tobacco Survey, 2000, 2002, 2006, and 2008.

6 Source: Maryland Adult Tobacco Survey, 2000, 2002, 2006, and 2008.

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Montgomery County

Tobacco Use by Youth: 2000—2010

Maryland Department of Health and Mental Hygiene
Tobacco Use Prevention and Cessation Program

CURRENT USE OF TOBACCO PRODUCTS

Underage (<18) Public Middle and High School Youth (Combined)
Proportion (%) and Estimated Number of Youth

TOBACCO PRODUCTS Prevalence (%), CI, and Number Youth	2000 Baseline Data	2002	2006	2008	2010
Any Tobacco Product (All Youth Populations)	16.6% ± 4.1% 10,604	14.9% ± 2.7% 10,561	14.3% ± 1.7% 10,519	11.5% ± 1.4% 8,348	13.1% ± 2.3% 9,599
Any Tobacco Product (Minority Youth)	15.9% ± 3.4% 4,507	15.0% ± 2.4% 5,755	14.5% ± 1.8% 6,058	11.7% ± 1.6% 4,823	14.5% ± 2.3% 6,730
Cigarette	12.1% ± 3.4% 7,455	9.5% ± 2.1% 6,474	9.0% ± 1.3% 6,414	6.9% ± 0.8% 4,971	*7.1% ± 1.5% 5,182
Cigar	6.6% ± 1.8% 4,107	6.1% ± 1.3% 4,152	6.2% ± 1.0% 4,423	7.7% ± 1.0% 5,529	7.1% ± 1.5% 5,153
Pipe (tobacco)	2.9% ± 0.7% 1,853	3.7% ± 0.8% 2,545	5.0% ± 0.9% 3,640	4.6% ± 0.9% 3,246	PIPE SPECIFIC DATA NOT AVAILABLE FOR 2010
Bidi	5.0% ± 1.6% 3,087	4.6% ± 0.9% 3,177	5.2% ± 0.8% 3,801	3.0% ± 0.5% 2,136	BIDI SPECIFIC DATA NOT AVAILABLE FOR 2010
Kretek	3.4% ± 0.8% 2,113	3.1% ± 0.8% 2,109	5.8% ± 0.9% 4,219	2.5% ± 0.6% 1,755	KRETEK SPECIFIC DATA NOT AVAILABLE FOR 2010
Smokeless Tobacco	2.9% ± 1.1% 1,836	2.8% ± 0.8% 1,870	3.3% ± 0.7% 2,364	2.6% ± 0.6% 1,849	2.2% ± 0.6% 1,563

INITIATION OF TOBACCO USE IN PAST YEAR

Underage (<18) Public Middle and High School Youth Combined, Proportion (%) and Estimated Number of Youth

INITIATION Prevalence (%), CI, and Number Youth	2000 Baseline Data	2002	2006	2008	2010
All Youth	15.8% ± 3.4% 10,100	13.4% ± 2.8% 9,546	13.1% ± 1.7% 9,640	11.7% ± 1.3% 8,497	15.0% ± 2.5% 11,066
Minority Youth	14.9% ± 2.7% 4,232	12.4% ± 2.5% 4,785	11.8% ± 1.6% 4,906	10.6% ± 1.1% 4,355	16.3% ± 2.4% 7,581

CESSATION OF TOBACCO USE IN PAST YEAR

Underage (<18) Public Middle and High School Youth Combined, Proportion (%) and Estimated Number of Youth

CESSATION Prevalence (%), CI, and Number Youth	2000 Baseline Data	2002	2006	2008	2010
All Youth	36.9% ± 6.9% 1,955	43.7% ± 3.5% 2,046	45.0% ± 6.2% 1,577	39.4% ± 5.6% 1,481	*50.8% ± 6.4% 1,881
Minority Youth	46.7% ± 12.1% 987	49.4% ± 5.3% 1,218	47.9% ± 7.9% 995	41.6% ± 6.1% 1,010	52.3% ± 6.2% 1,452

- Estimates of prevalence are stated as a percentage (%) of the total relevant population.
- Confidence Intervals (±%) appear immediately following prevalence estimates.
- Statistically significant change from the previous survey year are underlined; change between 2000 and 2010 preceded by an asterisk “*”.

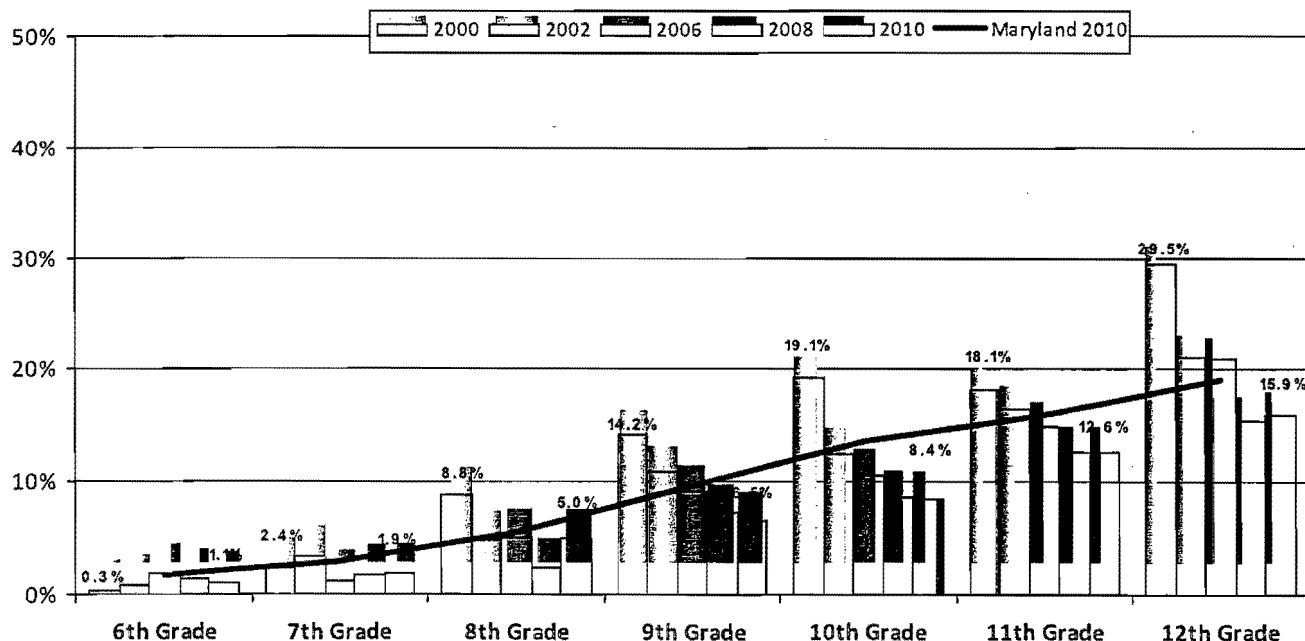
CURRENT CIGARETTE SMOKING — School Type, Gender & Minorities

Underage (<18) Public Middle and High School Youth
Proportion (%) and Estimated Number of Youth

YOUTH POPULATIONS Prevalence (%), CI, and Number Youth	2000 Baseline Data	2002	2006	2008	2010
Middle School (MS)	3.7% \pm 1.5% 1,065	3.1% \pm 1.0% 981	3.0% \pm 1.2% 916	1.3% \pm 0.7% 408	2.7% \pm 1.2% 816
MS Females	3.3% \pm 2.1% 450	2.3% \pm 0.9% 346	2.1% \pm 1.3% 320	1.0% \pm 0.7% 146	2.3% \pm 1.6% 362
MS Males	3.8% \pm 2.5% 558	4.0% \pm 1.8% 635	3.6% \pm 1.8% 556	1.7% \pm 1.1% 262	3.1% \pm 1.5% 454
MS Minorities	4.4% \pm 1.7% 566	3.9% \pm 1.2% 685	3.3% \pm 1.5% 553	1.8% \pm 0.9% 316	3.7% \pm 1.7% 706
High School (HS)	19.4% \pm 2.5% 6,389	14.9% \pm 2.0% 5,494	13.4% \pm 1.5% 5,498	11.1% \pm 1.3% 4,563	*10.4% \pm 1.5% 4,366
HS Females	19.6% \pm 4.4% 3,217	14.1% \pm 2.5% 2,583	12.8% \pm 2.0% 2,573	8.9% \pm 1.3% 1,823	*8.2% \pm 1.7% 1,798
HS Males	18.8% \pm 3.9% 3,101	15.4% \pm 1.9% 2,836	14.0% \pm 1.9% 2,899	13.1% \pm 2.0% 2,700	*12.7% \pm 1.9% 2,568
HS Minorities	15.4% \pm 2.9% 2,222	14.0% \pm 1.9% 2,683	12.9% \pm 1.7% 3,006	11.2% \pm 1.3% 2,543	*11.1% \pm 1.3% 2,927

Montgomery County - Current Cigarette Smoking

(Underage Middle & High School Youth, by Grade)



Evolution of Montgomery County smoking laws

- 1977 Prohibited smoking in elevators, retail stores where more than 8 persons work at any time, public areas of health care facilities, public schools, County government facilities, and theaters. Exceptions: private enclosed offices, when facilities are closed to the public, central areas of malls, barbershops, and beauty shops (Bill 26-76, effective 5-5-77)
- 1979 Required patient rooms in hospitals to be nonsmoking unless otherwise requested by all occupants. (Bill 53-79, effective 3-12-80)
- 1981 Required employers to "consider the needs of nonsmoking employees and ... accommodate their need to the extent possible." (Bill 53-81, effective 11-15-82)
- 1986 Prohibited smoking in rail transit stations and most County government workplaces. Exceptions to the workplace prohibition: designated smoking areas, private enclosed offices. (Bill 27-85, effective 4-28-86)
- 1987 Required all restaurants with at least 50 seats to have a no-smoking area covering at least 50% of the total seating area (Bill 1-87, effective 7-10-87)
- 1988 Prohibited smoking in public areas of offices, retail stores, banks, factories, and other private businesses. Exceptions: mom & pop stores (where no more than 2 persons work at any time), private functions not open to the public. Also prohibited smoking in public restrooms and auditoriums. (Bill 27-87, effective 6-9-88)
- 1990 Prohibited smoking in shared workplaces, and required employers to post notices and inform employees. Exceptions: mom & pop businesses, other businesses when all employees sharing the workplace consent. (Bill 51-89, effective 5-24-90)
- 1992 Prohibited sale of tobacco products from vending machines, except in private clubs. (Bill 5-91, 64-91, effective 5-1-92) County law declared invalid by Circuit Court 4-19-93; Court of Appeals declared similar laws from cities of Bowie and Takoma Park preempted by state law later in 1993.
- 1994 Prohibited smoking in **all** County government workplaces, with no designated smoking areas. (Bill 42-93, effective 5-2-94)
- 1998 Prohibited a person in the business of selling or distributing tobacco products for commercial purposes to distribute any tobacco product,

cigarette rolling paper, or tobacco product coupons to a minor (Bill 13-98; also adopted as Board of Health regulation(Council Resolution 13-1410))

- 1999 Conformed County law to state workplace smoking regulations by dropping references to workplaces in County law, thus focusing County law on public places (Bill 3-99, effective 6-29-99)
- 1999 Prohibited smoking in all restaurants (Council Resolution 14-70, adopting Board of Health regulation). Regulation declared invalid because of improper adoption by Maryland Court of Appeals 5-2-03
- 2000 Required retail sellers to display or store tobacco products in a place that is not accessible to buyers without the intervention of the seller (Bill 23-00, effective February 19, 2001)
- 2003 Prohibited smoking in all restaurants except certain private clubs with liquor licenses (Bill 15-03, effective October 9, 2003)
- 2011 Prohibited smoking in indoor common areas of multi-family residential units and playgrounds (Council Resolution 17-210, adopting Board of Health regulation, effective August 12, 2011)

F:\LAW\TOPICS\Smoking\History Of Smoking Laws Updated.DOC

Tobacco Use – Fact Sheet
American Cancer Society Great American Smokeout® 2012

- Tobacco use remains the single largest preventable cause of disease and premature death in the United States.ⁱ
- For every person who dies from a smoking-related disease, 20 more people suffer with at least one serious illness from smoking.ⁱⁱ
- In the US, tobacco use is responsible for nearly 1 in 5 deaths, or about 443,000 premature deaths each year.ⁱ
- On average, smokers die 13 to 14 years earlier than nonsmokers.ⁱⁱⁱ
- The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers, compared to lifelong nonsmokers.ⁱ
- Tobacco use increases the risk of myeloid leukemia and cancers of the lung, mouth, nasal cavities, larynx, throat, esophagus, stomach, colorectum, liver, pancreas, kidney, bladder, uterine cervix, and ovaries.ⁱ
- Tobacco use accounts for at least 30% of all cancer deaths and 80% of lung cancer deaths.ⁱ
- Thousands of young people begin smoking every day.^{iv}
 - Each day, more than 3,800 people younger than 18 smoke their first cigarette.
 - Each day, about 1,000 people younger than 18 begin smoking on a daily basis.
- Cigars contain many of the same carcinogens that are found in cigarettes. Cigar smoking increases the risk of cancers of the lung, mouth, throat, larynx, esophagus, and probably the pancreas.ⁱ
- Sales of little cigars increased by 240% from 1993 to 2007.ⁱ
- Smokeless tobacco products are a major source of cancer-causing nitrosamines (chemical compounds) and a known cause of human cancer. They increase the risk of developing cancer of the mouth and throat, esophagus, and pancreas.ⁱ
- Sales of smokeless tobacco products are growing at a more rapid pace than cigarettes. While sales of cigarettes declined by 42% between 1990 and 2006, per capita sales of smokeless products in the US nearly doubled.ⁱ

Global Tobacco Use

- In 2011, tobacco use killed almost 6 million people, with 80% of these deaths occurring in low- and middle-income countries,ⁱ and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.^v
- 43 trillion cigarettes have been smoked in the last decade.^{vi}

- Smoking rates are increasing among women, particularly young women, in many countries. Women and children account for 75% of the deaths caused by secondhand smoke.^{vi}

Costs and Expenditures

- Cigarette smoking costs the United States more than \$193 billion (i.e., \$97 billion in lost productivity plus \$96 billion in health care expenditures).^{vii}
- Secondhand smoke costs United States more than \$10 billion (i.e., health care expenditures, morbidity, and mortality).^{viii}
- The tobacco industry receives annual profits of almost \$6,000 per death caused by tobacco.^{vi}

Smoking Cessation

- People who quit, at any age, live longer than people who continue to smoke.ⁱ
- Smokers who quit before age 50 cut their risk of dying in the next 15 years in half, compared to those who continue to smoke.ⁱ
- Large disparities in smoking prevalence and cessation continue to exist. Smokers with an undergraduate or graduate degree are more likely to quit than those with less formal education.ⁱ
- Many adult smokers want to quit smoking.^{ix}
 - Approximately 69% of smokers want to quit completely.
 - Approximately 52% of smokers attempted to quit in 2010.

Secondhand Smoke

- Secondhand smoke contains more than 7,000 chemicals, at least 69 of which cause cancer.ⁱ
- Each year, about 3,400 nonsmoking adults die of lung cancer as a result of breathing secondhand smoke.ⁱ
- Secondhand smoke may cause coughing, wheezing, chest tightness, and reduced lung function in adult nonsmokers.ⁱ

ⁱ American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta: American Cancer Society; 2012.

ⁱⁱ Centers for Disease Control and Prevention. Cigarette Smoking-Attributable Morbidity—United States, 2000. Morbidity and Mortality Weekly Report 2003;52(35):842–4 [accessed 2012 Jun 7].

ⁱⁱⁱ Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 1995–1999. Morbidity and Mortality Weekly Report 2002;51(14):300–3 [accessed 2012 Jun 7].

^{iv} Substance Abuse and Mental Health Administration. Results from the 2010 National Survey on Drug Use and Health: National Findings. Rockville (MD): Office of Applied Studies [accessed 2012 Jun 7].

^v World Health Organization. WHO Report on the Global Tobacco Epidemic, 2009. Geneva: World Health Organization, 2008 [accessed 2012 Jun 7].

^{vi} Eriksen M, Mackay J, Ross H. The Tobacco Atlas. Fourth Ed. Atlanta, GA: American Cancer Society; New York, NY: World Lung Foundation; 2012. Also available at www.TobaccoAtlas.org.

^{vii} Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2012 Jun 7].

^{viii} Behan DF, Eriksen MP, Lin Y. **Economic Effects of Environmental Tobacco Smoke Report** Schaumburg, IL: Society of Actuaries; 2005 [accessed 2012 Jun 7].

^{ix} Centers for Disease Control and Prevention. Quitting Smoking Among Adults—United States, 2001–2010. Morbidity and Mortality Weekly Report [serial online] 2011;60(44):1513–19 [accessed 2012 Jun 7].



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

Health Effects of Secondhand Smoke

- [Overview \(#overview\)](#)
- [Secondhand Smoke Causes Heart Disease \(#heart\)](#)
- [Secondhand Smoke Causes Lung Cancer \(#lung\)](#)
- [Secondhand Smoke Causes SIDS \(#sids\)](#)
- [Secondhand Smoke and Children \(#children\)](#)
- [References \(#ref\)](#)
- [For Further Information \(#info\)](#)

Overview

Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. Secondhand smoke contains more than 7000 chemicals. Hundreds are toxic and about 70 can cause cancer.^{1,2}

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).¹ Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer.¹

Secondhand Smoke Causes Heart Disease

Exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and can cause coronary heart disease.^{1,3}

- Secondhand smoke causes an estimated 46,000 premature deaths from heart disease each year in the United States among nonsmokers.⁴
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30%.¹

(15)

Breathing secondhand smoke can have immediate adverse effects on your blood and blood vessels, increasing the risk of having a heart attack.^{1,2}

- Breathing secondhand smoke interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of having a heart attack.
- Even brief secondhand smoke exposure can damage the lining of blood vessels and cause your blood platelets to become stickier. These changes can cause a deadly heart attack.

People who already have heart disease are at especially high risk of suffering adverse effects from breathing secondhand smoke and should take special precautions to avoid even brief exposures.¹

Secondhand Smoke Causes Lung Cancer

Secondhand smoke causes lung cancer in adults who themselves have never smoked.¹

- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20–30%.¹
- Secondhand smoke causes an estimated 3,400 lung cancer deaths among U.S. nonsmokers each year.^{4,5}

Nonsmokers who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers.^{1,2}

- Secondhand smoke contains about 70 cancer-causing chemicals.
- Even brief secondhand smoke exposure can damage cells in ways that set the cancer process in motion.
- As with active smoking, the longer the duration and the higher the level of exposure to secondhand smoke, the greater the risk of developing lung cancer.

Secondhand Smoke Causes SIDS

SIDS is the sudden, unexplained, unexpected death of an infant in the first year of life. SIDS is the leading cause of death in otherwise healthy infants.⁶ Secondhand smoke increases the risk for SIDS.¹

- Smoking by women during pregnancy increases the risk for SIDS.⁷
- Infants who are exposed to secondhand smoke after birth are also at greater risk for SIDS.¹
- Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing.¹
- Infants who die from SIDS have higher concentrations of nicotine in their lungs and higher

levels of cotinine (a biological marker for secondhand smoke exposure) than infants who die from other causes.¹

Parents can help protect their babies from SIDS by taking the following three actions:⁸

- Do not smoke when pregnant.
- Do not smoke in the home or around the baby.
- Put the baby down to sleep on its back.

Secondhand Smoke and Children

Secondhand smoke can cause serious health problems in children.⁹

- Studies show that older children whose parents smoke get sick more often. Their lungs grow less than children who do not breathe secondhand smoke, and they get more bronchitis and pneumonia.
- Wheezing and coughing are more common in children who breathe secondhand smoke.
- Secondhand smoke can trigger an asthma attack in a child. Children with asthma who are around secondhand smoke have more severe and frequent asthma attacks. A severe asthma attack can put a child's life in danger.
- Children whose parents smoke around them get more ear infections. They also have fluid in their ears more often and have more operations to put in ear tubes for drainage.

Parents can help protect their children from secondhand smoke by taking the following actions:⁹

- Do not allow anyone to smoke near your child.
- Do not smoke or allow others to smoke in your home or car. Opening a window does not protect your children from smoke.
- Use a smoke-free day care center.
- Do not take your child to restaurants or other indoor public places that allow smoking.
- Teach children to stay away from secondhand smoke.

References

1. U.S. Department of Health and Human Services. **The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General** ([/tobacco/data_statistics/sgr/sgr_2006/index.htm](http://tobacco/data_statistics/sgr/sgr_2006/index.htm)). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2011 Mar 11].
2. U.S. Department of Health and Human Services. **A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You** ([/tobacco/data_statistics/sgr/2010/consumer_booklet/index.htm](http://tobacco/data_statistics/sgr/2010/consumer_booklet/index.htm)). Atlanta: U.S. Department of

- Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2011 Mar 11].
3. Institute of Medicine. **Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence** (<http://www.iom.edu/~media/Files/Report%20Files/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence/Secondhand%20Smoke%20%20Report%20Brief%203.pdf>) (PDF-707.47 KB). Washington: National Academy of Sciences, Institute of Medicine, 2009 [accessed 2011 Mar 11].
 4. Centers for Disease Control and Prevention. **Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>). Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2011 Mar 11].
 5. American Cancer Society. **Cancer Facts and Figures 2009** (<http://www.cancer.org/groups/content/@nho/documents/document/500809webpdf.pdf>) (PDF-1.7 MB) Atlanta: American Cancer Society, 2009 [cited 2011 Mar 11].
 6. American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. **The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts; Controversies Regarding the Sleeping Environment; and New Variables to Consider in Reducing Risk**. Pediatrics 2005;116(5):1245–55 [cited 2011 Mar 11].
 7. U.S. Department of Health and Human Services. **The Health Consequences of Smoking: A Report of the Surgeon General** ([/tobacco/data_statistics/sgr/sgr_2004/index.htm](http://www.surgeongeneral.gov/tobacco/data_statistics/sgr/sgr_2004/index.htm)). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 [accessed 2011 Mar 11].
 8. National Institutes of Health. **Safe Sleep for Your Baby: Ten Ways to Reduce the Risk of Sudden Infant Death Syndrome (SIDS)** (http://www.nichd.nih.gov/publications/pubs/safe_sleep_gen.cfm) (Rockville (MD): National Institutes of Health, National Institute of Child Health and Human Development, 2003 [accessed 2011 Mar 11].
 9. U.S. Department of Health and Human Services. **The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General: Secondhand Smoke: What It Means To You**. (<http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf>) (PDF-11.05 MB) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2011 Mar 11].

For Further Information

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

E-mail: tobaccoinfo@cdc.gov (mailto:tobaccoinfo@cdc.gov)

Phone: 1-800-CDC-INFO

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Media Inquiries: Contact CDC's Office on Smoking and Health press line at 770-488-5493.



OFFICE OF MANAGEMENT AND BUDGET

Isiah Leggett
County Executive

Jennifer A. Hughes
Director

MEMORANDUM

December 13, 2012

TO: Nancy Navarro, President County Council

FROM: Jennifer A. Hughes, Director, Office of Management and Budget
Joseph F. Beach, Director, Department of Finance

SUBJECT: Council Bill 33-12, Health and Sanitation – Smoking-County

Please find attached the fiscal and economic impact statements for the above-referenced legislation.

JAH:a2a

c: Kathleen Boucher, Assistant Chief Administrative Officer
Lisa Austin, Offices of the County Executive
Joy Nurmi, Special Assistant to the County Executive
Patrick Lacefield, Director, Public Information Office
Joseph F. Beach, Director, Department of Finance
Michael Coveyou, Department of Finance
David Platt, Department of Finance
Uma Ahluwalia, Director, Department of Health and Human Services
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Fiscal Impact Statement
Council Bill 33-12, Health and Sanitation – Smoking-County

1. Legislative Summary.

This bill would prohibit smoking on property owned or leased by the County, excluding County rights-of-way, thus reducing employees' and visitors' exposure to second hand smoke.

2. An estimate of changes in County revenues and expenditures regardless of whether the revenues or expenditures are assumed in the recommended or approved budget. Includes source of information, assumptions, and methodologies used.

No increase in revenues due to the difficulty of enforcing immediate violations of the law. Expenditures are difficult to estimate due to the unknown number of complaints that might be received. Due to the large number of County properties affected by this legislation there could be initially a large number of complaints.

Both County Police and HHS have authority to investigate complaints and to issue citations for violations of Section 24-9 and 24-9A of the County Code. Under current regulation, violations by county employees are reported to immediate supervisors. Continued violations are reported to L&R, and then forwarded to appropriate Department director and CAO. It is unclear how violations by visitors to County facilities will be managed.

Licensure and Regulatory Services estimates three complaints per week for the first year of enforcement. Estimating one hour of investigation and enforcement labor for each complaint at \$50.00 per hour the first year expenditure for public health labor would be \$7,800. Employee training and education is estimated at \$3,450 (see item 6). Total expenditures are estimated to be approximately \$11,250 for the first year. There may be additional cost associated with public outreach and signage at all County leased and owned properties. However these expenditures would depend on later budget decisions.

3. Revenue and expenditure estimates covering at least the next 6 fiscal years.

As observed with other smoking regulations that have been passed, the first year of enforcement tends to be the most labor intensive. Subsequent years are difficult to anticipate but estimated to be ¼ of the initial year expenditure or \$1,950 per year.

4. An actuarial analysis through the entire amortization period for each bill that would affect retiree pension or group insurance costs.

N/A

5. Later actions that may affect future revenue and expenditures if the bill authorizes future spending.

N/A

6. An estimate of the staff time needed to implement the bill.

It is difficult to accurately estimate the staff training, education and development of inspection procedures. This office estimates 3 hours training and public outreach for each employee at \$50 per hour for 23 employees is \$3,450.

7. An explanation of how the addition of new staff responsibilities would affect other duties.

Investigation of complaints at County properties during normal work hours will reduce the number of other state mandated inspections that would be completed. Currently L&R is only able to complete approximately 75% of total mandated inspections. That percentage will drop further—perhaps by 1-2%—given increased enforcements duties assigned to L&R in recent legislation—e.g., defibrillators at community pools, smoking bans in multi-unit buildings and playgrounds. In addition staff may be required to flex time off during normal work hours to avoid overtime if after hours or weekend investigations are required, further reducing the ability to fulfill regular inspection duties.

8. An estimate of costs when an additional appropriation is needed.

N/A

9. A description of any variable that could affect revenue and cost estimates.

The number of complaints and the time required to investigate and enforce is highly unpredictable.

10. Ranges of revenue or expenditures that are uncertain or difficult to project.

Labor costs associated with implementation and enforcement is difficult to project.

11. If a bill is likely to have no fiscal impact, why that is the case.

N/A

12. Other fiscal impacts or comments.

N/A

13. The following contributed to and concurred with this analysis: (Enter name and department).

Clark Beil, Department of Health & Human Services (DHHS)

Pat Brennan, DHHS

Lisa Stafford, DHHS



Jennifer A. Hughes, Director
Office of Management and Budget

12/13/12
Date

Economic Impact Statement
Council Bill 33-12, Health and Sanitation – Smoking – County Property

Background:

Bill 33-12 prohibits smoking on or in property owned or leased by the County—it excepts County right of way from this prohibition.

1. The sources of information, assumptions, and methodologies used.

“The Economic Impact of Michigan’s Dr. Ron Davis Smoke Free Air Law: A Report to the Michigan Department of Community Health;” Helen Levy, PhD, Institute for Social Research at the University of Michigan, August 6, 2012.

Federal Reserve Bank of St. Louis Regional Economic Development, Vol. 2 Number 2, 2006: “On the Economic Analysis of Smoking Bans” by Michael R. Pakko (St. Louis Fed)

“Review of Economic Studies on Smoking Bans in Bars and Restaurants” Information Brief for the Minnesota House of Representatives, by the MHOR’s Research Department (March 2006)

2. A description of any variable that could affect economic impact statements.

See #3 below.

3. The bill’s positive or negative effect, if any on employment, spending, saving, investment, incomes, and property value in the County.

This bill has no measurable economic impact. The most recent study is from the Institute for Social Research at the University of Michigan which conducted a study of the two year old smoking ban enacted by the State of Michigan and found “no significant negative effect of the ban on aggregate bar and restaurant sales or on cigarette sales.” (The ban was on smoking in the workplace, not just at bars and restaurants). The study concludes that “the evidence is consistent with the results of studies from other state and localities that have found no significant negative economic effects associated with smoking bans.

4. If a bill is likely to have no economic impact, why is that the case?

See #3 above.

Economic Impact Statement
Council Bill 33-12, Health and Sanitation – Smoking – County Property

5. The following contributed to and concurred with this analysis: David Platt and Mike Coveyou, Finance.



Joseph F. Beach, Director
Department of Finance

12/12/12
Date